Introduction to peptide therapy and chronic Lyme

Hello everyone. My name is Doctor Richard Horowitz and I'm the co-host of the Doctor Talk Healing Lyme Summit 2.0. It is my great pleasure today to introduce to you, Doctor Kent, how I met Kent just recently.

And we've known each other before at the Islands Conference. Kent does peptide therapy, and today we're going to discuss the use of peptides, the power of peptide therapy, and those with chronic fatiguing illnesses. So Kent, thank you so much for joining us today.

Thank you so much for having me. It's just nice to be with the King. Thank you again. So so you can't tell the audience a little bit about yourself in medicine.

Like how how did you get into peptides. How did this all come about. Yeah. And like I think a lot of people in integrative and especially the kind of Lyme area is that, you know, I was very evidence based.

I'm still very evidence based, but it's ingrained in medical school. Do not go to anything alternative integrative because it means no evidence. And I got very sick, going through medical school and a lot of, growing up, weird, weird things were going on.

So I, basically, L-I'm since birth, and, and then, but going through medical school and residency just started getting terrible, you know, it's that can't even just so overwhelming to see a patient.

And I'm like, something's wrong. So you go to the university, doctor's like, oh, you're stressed or depressed. I'm like, no, there's something wrong. And so I thought I would have to drop out of medicine.

But then I went into anesthesia because they're asleep. You know, I have to speak to them, you know? But I forget about the early mornings, but it just kept getting worse and worse.

And then, so I, the doctors weren't helping me. So I snuck off to an integrative alternative and I'm like, oh my God, this is more evidence based than what they're teaching me.

And so we're really at that point. So I went on like, high dose T3, thyroid replacement. And what levels were very low, but normally, the TSH and some, immunomodulators.

There's not a lot of anti-infective, but that I just got. Oh my gosh, I'm back, you know, and, and, and then but all of a sudden went through a stressful divorce, you know, it's that emotional stress is really kills the immune system.

Bedbound. Lyme, Bubka, Bartonella. And then I went into heart failure from the high human growth factor. Beta. It causes fibrosis. My heart was fibrosis. It was just like it couldn't.

It was a severe diastolic dysfunction. It couldn't fill. I could not stand up. I could not go upstairs. And the cardiologist said, maybe in ten years you can get 10% better.

I'm like, I cannot live like this. There's just no way. So I just put a date and said, you know, I the alarm is bad enough, but when you can't breathe, it sucks.

Oxygen is nice. I said, I'm going to go around the world and see if I can, you know, cure myself or dramatically improvement because they say 10%, ten years.

And if not on Halloween, that's it. And I think, who am I going to take with me? But, and so I was like, going around, I did some great stuff, like Omar Morales. We, basically I took Lyme antigens down, and, we basically, took out my,

you know, white cells and, and stimulated them to the antigens that work well, but it kind of didn't, didn't stick.

And then, went around, I went to Belgium, was run around there, I did peptides. I didn't think peptides would do anything. I didn't really know much about it.

And then like 3 or 4 days later, I walked up the stairs. I'm like, wait a minute, what the heck was I? I don't think it's a peptides. Then I went back and it turned out it was.

And it took about a year to get them into the country. Then I kind of hooked up with Tailor Made at that time. And By the way, you know, I did my medical training in Belgium for seven years.

Who is the doctor? Who's the doctor who gave you the peptides in Belgium? I think it was Hertog actually got it right. It was Terry Hancock, right? Yeah.

Because Terry is the one who had trained me years ago talking about these type of things. Yeah, he he's awesome too. He's he's been, you know, doing this stuff.

And yeah, he was a, based this whole family psychiatry way, trying to integrate allergy so he can do more of this type of stuff. And, and then so I'm like, oh my gosh, I'm just changed.

But, and then that's what he kind of then I, went into heart failure and stuff and then went into family practice because I hated anesthesia. I'm like, oh my God, this thing is an ecologist.

But this is mindless, you know? And and so when Wednesday I practice and started, treating, you know, the complex illness. And I knew nothing about market.

Kent's illness journey and discovery of peptides

I took over a family practice and converted to cash in a year. And no, marketing is people lined up, you know, just outside because especially we're doing thyroid optimization and not even some of the big guns.

We've first started, we couldn't really even get the peptides. But, you know, thyroid is huge. But then you add the peptides on to that, and it's just it allows you to go with these complex patients instead of, you know, three years or two years of a high dose of antibiotics, maybe need three months and or maybe none at all.

And you know what? The immune modulation and kind of working on these things that when, you know, basically a big thing with, with these Lyme patients is that, you know, well, we'll kind of go back like what's, what's the immune system oversimplification, any model of the immune system oversimplification.

But there's one get stuff inside the cell to get stuff outside the cell. You can add T regs over here. Teach 17 as the famous envelope to your chest. You get older, it goes like this.

So the T one goes down, the two goes up. So you can't fight interstellar infections. You can't fight, you know, cancer and but you have all this inflammation.

So you tend to get autoimmunity, you know, all this stuff. And then any stress, inflammation and sickness, you know, age, it just keeps going like this.

So if you just but and then there's a vicious cycle. So with the immune dysfunction and this increased inflammation you get pineal hypothalamic pituitary thyroid dysfunction other hormone dysfunction mitochondrial dysfunction.

And that's a vicious cycle. Now and also you can't perform autophagy where the body renews the cells if you don't have high one. You can't convert IgG antibody, which is a weak antibody to IgG.

So like when I first tested I was positive of 41 called out and band AGM like well it's false positive because it's, you

know, you've had this happen for a long time.

As soon as I fixed my immune system, I had six bands IgG. So, so it's able to convert and it allows like we have bio parts patients and you know, mast cell patients.

And if we fix their immune system, sort of like fixing this, this, this, this all of a sudden, like, we don't even think about parts anymore because it just gets better when you fix the immune system, which then feeds on to the mitochondria, which then feeds on to everything.

And then you can boost all these different sections as well, with peptides. And we'll talk about what peptides are, coming up. So you really came to this because you were sick yourself with chronic Lyme and associated problems.

And by the one, that one that you were talking about with intracellular is, of course, Lyme disease. Borelli, Bergdorf, Frye and Bartonella Hensleigh and all the Bartonella species intracellular.

So if your immune system is not working to clear those intracellular infections, it's true. I mean, people just have ongoing inflammation that never gets better.

So, you know, it's actually wonderful when a doctor that's wonderful that you got sick. But when doctors have been through this themselves and they understand from a patient's perspective how sick someone can get with chronic Lyme, you had to go on your own healing journey to figure out how to get yourself better.

And by the way, you know some of the greats in medicine. That's exactly how this has happened. So let's let's dive in. Exactly is what what are peptides?

What are bio regulators like? What exactly did you discover and why it's so important in the chronic Lyme population? And I just want to mention in regards to the immune system, is that I did three and a half years of the highest dose IV antibiotics I would never give to a patient, you know, six five, six, seven at time, 3 or 4 times the highest dose.

Just nothing. Cause my natural killer cell function was zero, and I would get septic, like, every few months. Memorize at Torrance Memorial in the ICU.

And the nurse during this shift change the this is that Aids patient. It keeps up turning negative for HIV you know. Yeah. So it's like a it is like you know since it's so low.

But yeah. So if you're at death's doorstep, you're certainly looking great now. So whatever you've been doing, you better share it with the audience and tell them what it is you've done.

Yeah. I, I've almost died a number of times. But, what the heck is, is a peptide? People hear it. And I think a lot of times, you know, collagen peptides, but peptide is basically a chain of amino acids, like a protein.

But just arbitrarily if it's over 40 or 50. Depends who you ask. It's a protein. If it's less than that, it's a peptide. But the ones that we generally use are smaller, like BPC 157 body protection compound 157, probably the most common one.

It's kind of like to do everything like lowers inflammation, great for leaky gut and fixing the gut okay. PV, which is a three amino acid, fragment of melanocytes, stimulating hormone and all those, so those, peptides work on the cell surface.

So, you give them, they go on the cell surface, they attach to a receptor of secondary messengers. They're poly atrophic, meaning they have a lot of effects.

They're kind of they're like supplements. Rather, meds tend to do one thing. What you think would be safer, but it does. It. It makes it kind of throws everything off where the, like with BPC, it does so many things.

It will protect against toxins like mycotoxins and like emps even blocks the calcium channel, hyper permeability, like we had made some we put them in the room with the router, which was really bad with the MPs, and he's getting all these panic attacks and palpitations.

So we gave them BPC and then the heart, by a regulator. And it was like, like you got a beta blocker, you know. So like, you know, the kind of, all tools now the, the bio regulators are a peptide, but they're different.

They're a subset their own. They're by definition 2 to 4 amino acids long. Why does that size make a difference? Because now if they're capped, meaning that if the body for instance, if there's a, protein or a peptide the body thinks is important, it will cap it, in the gut.

So it puts a acetylation, an immediate, a cap on it. And now the, the enzymes don't recognize it in the gut. It's not broken down and it makes it more bioavailable.

So all those are cap and, and they're so small they can get through the, the gut wall and then through the cell into the nucleus. Now, so the peptides work on the cell surface.

These are different. They go into the cell in the nucleus. And then they'll attach to activators or repressors and change proteins. And so they're they're basically genetically.

So they're turning on genes, turning off. The good thing is they're turning on youthful genes, healthy genes and turning off the, basically unhealthy inflammatory genes.

So, so which one of these, since everyone's listening, everyone's saying, hey, I want those things to go into my nucleus and give me longevity and health and, you know, anti-aging.

What are the ones we're talking about here that you found to be some of the most effective for that? Yeah. So, it's interesting history. And they have 21 of them. Right.

And so they're a very for each tissue, they're, very specific. So like, and if you look at they'll increase protein synthesis and, affect the genes in their tissue.

And there's some overlap, but they're, they're much more specific than hormones or supplements or standard peptides. And like, how did people find these things?

So during the Soviet Union, they found that their submariners, their high speed jet pilots and their wait, who else was it? Now they're astronauts. Yeah.

The cosmonauts, they're aging very quickly and they're like, hey, we gotta we gotta do something. So they went to the, basic military hospital. And who was there?

Was Pavlov, as in Pavlov's dog. Right. Him and Cabazon, who was the head of it? And, and they must have been doing some things with peptides because they didn't they seem to get very lucky and pick right off the bat, but they found that if they use extracts from, basically fetal, sheep or cows of the pineal gland, which is, kind of right in the middle of your brain, in the third eye, they'll, they'll say and controls a lot of things which I think was just sleep.

But it does so many more things. And the thymus, those two actually dramatically reversed that rapid aging. And so they, you know, then and actually Cavusoglu said that he's KGB as well.

And. So people that know about anti-aging like rapamycin and metformin and some of the things that are out there now, you're saying there's actually other things you can do with these bio regulators that instead of using rapamycin or glucose, metformin, these are actually things that have also been proven.

There are scientific studies on these. Oh, and it's nice. And there's thousands of studies on these things. So so no one knew about it because it was a Soviet secret was only given to the military and the Olympic team and the

Olympic team did pretty well during that time.

And, then it wasn't till the fall of the Soviet Union they started publishing outside of the, you know, the military a secret, but it was in Russian, you know, who cares?

And then people started, translating like, wait, what's going on over here? So over time, it started getting really incorporated. And there's literally thousands of studies on this stuff.

And I was just blown away by it. And it's really changed. Our packing of peptides changed my life changed. So many doctors and practices and patients lives.

And the bio regulators are now an additional thing. It's just like, damn. And so we have a number of studies on these things. So they've been doing them for 40 years but not telling anyone about it.

So the so the once again so I heard earlier the BBC 157 is a good general one right. You're saying and yeah. That is not a bio regulator though. Yeah.

Right. That's not a by regular. So what are the names of the by regulators that you're talking about specifically. Well yeah they're all official. They're all in Russian. Right.

And that that's the problem. So they came out on Russian. They're names like, you know, it's like, what the heck? And it's like and it's basically like, you know, the brain, 1 or 2 brains quite like the cortex and the in the sub cortex, the pineal, the thymus, muscle, lung, bronchi, all those things.

So finally called nature's marvel. I actually put, English names on it, but still, you have to take those 20. Okay. You want to treat your lungs, you want treat your heart, you want to treat your muscle.

It's like it's like, so what, we've been doing and there's also then you got to take in the fact that there's natural which they take extracts. And then they found on some of them, they were able to identify the active component and then purify that.

And, and then it makes it much, much cheaper to, since AIS that actually much more potent is much more rapid onset. And then we can combine those and use three 4 or 5, six, seven instead of taking seven pills.

And at, you know, one fifth the cost. So it's really nice to be able to do that. And it makes it easy because people like, oh my God, what do I take that, this and this and this, like for the vessel one which lowers the inflammation of the vessels, among other things.

But you combine that with other ones and it just makes everything work so much better. But these might be even long Covid patients that have. Exactly a new year.

As soon as I mentioned, I was like, yeah, and. The filial dysfunction. Right where that where the vessels are not working correctly. Yeah. It's like ideal for this stuff.

And then we just discovered a mitochondrial, by a regulator and a stem, a couple stem cell by our regulators. And it's just exciting. I think it's a really exciting time to, you know, be sick, I guess, but.

Or if you're looking to increase longevity and, you know, quality of life that, all these things are coming down, so can. This is really exciting stuff and I mean, really exciting.

And I'm kind of surprised. I mean, I've heard about them over the years, and I actually have taken a course with you years ago, I took one with Terry.

I think it was a forum. I met you years ago and I listened to it. I studied with Terry also one time. I don't know that this almost feels like it's one of the best kept secrets.

And I think medicine. Is pretty new, like peptides have been. They've all been around a long time, but it's just not here. And, you know, kind of with the BPC and of course, something safe and effective, they want to ban it.

And so they banned, you know, the compounding pharmacy or making the injectables. But now all the manufacturers just come out. There's more of those available.

And then these are separate. They're, they're supplements. So, So these are oral version oral versions that we don't have to worry about FDA regulations and things.

Yeah. It's able to hire a giant team of FDA attorneys to make sure it gets done. Yeah. So great. So why don't we dive in a little bit? Why don't you? I know you've got a slide presentation for us to kind of give us more detail.

Why don't you share your screen and just. And I'll go back and forth with you a little bit as you share some of the information there. All right. Just kind of.

Yeah. So this is just a I love this slide. You know, this is the history of the future of anti-aging medicine.

What peptides and bio-regulators are

But, and, you know, so with all these, bio regulators, they're just so amazing. And we're discovering new ones. And so, and this is just talking about longevity, where we're able to put, you know, so many different things like seven, eight, nine.

In fact, we have to do three formulas, with all the different tissues because we'll, we'll look at a study that there has been ongoing and most of it's mostly doctors enrolled where they're checking their, the biologic age versus their chronological age and see how much they can get a reduction in their biologic age.

So what? We're starting a program where we're going to guarantee five years reduction in biologic age. We'll see if it works. We if you give a lot, a lot of refunds.

But and so and so here, you know, brain vessel, pineal gland and then, stem cell lines, mitochondria, ones, cartilage. And it's just, just like every tissue.

So the more that we can combine together, the better. And so this is one of the studies that's been ongoing. This one is from Russia, but there's so much collaboration now.

And that basically what's called the telomerase activation protocol. So ways to, to determine biologic age versus your chronological age. So let's say your we are 60 but what's your biologic age.

So you look at the telomere length and for instance we looked at all the Special Forces veterans, you know, they're in good shape, but they're a mess.

They were already disabled. Traumatic brain injury, post traumatic stress. They had the lowest two and their telomeres were so short it was incredible.

But, and they, there's, there's some things that can increase their total, telomere length. And telomeres are every time the cell divides, there's kind of like caps, like, think of the things on the end of your shoelace that basically every time it divides that it gets shortened.

And if you have inflammation and stress and toxins, chronic infections, they they basically don't regenerate. There's no telomerase to basically lengthen those again.

Right. So for those listening we're talking about the ends of the DNA. So in other words, every time the cells, turn over, each time they turn over this a certain amount of cell cycles, theoretically that a program that just post AB 70, 80, whatever, it keeps getting shorter and shorter.

And if we can find a way to reverse that, obviously you're going to live longer and be healthier. Right. And then also they're finding that if you're when you're telomeres get short, that's when you get cancer.

They're finding the people that had increased more mortality morbidity with Covid. They had short telomeres. So it's really sick. Patients have short telomeres.

And so there's a peptide called a battalion which is genetic. We'll look at. So they were looking at this time the telomere length is a marker for your biologic age.

You can also use methylation. The DNA is another marker. And then there's also biologic markers that they use all these different formulas. So in this study they wanted to reduce the biologic age less than the chronological by seven years.

And when you do that, you get a 50% reduction in mortality, and morbidity. Excuse me. And so it turns out, after a year, they reduced their, to two year, sorry, three year.

So, they reduced their telomere age by 22 years. And with an average of seven, years, the seven years per year. And there are mostly doctors in this, and there's it was over 100 participants, and now most of them are on a maintenance program.

And then there was a, an additional one. This was done in the US called the Epigenetic Methylation analysis Intervention Study, whereas 3 to 4 years study.

And look to see if the peptides can reverse the biologic age during the telomere length. And also the, methylation and body will methylation certain genes in which they can determine what is the, biologic age versus chronological.

So the average for just had a baseline epigenetic age. Again, biology is three and a half years older than their chronological age. The start which which is correlates with about a 40% increase in risk of mortality, and then on average, the parties reverse their telomere age by 14 years over the five years of this and the age by two years.

So that that takes longer. It's a it's a different test. It's not like one is more accurate, but they're they're different measures of different things.

And you know, your percent. And by the way you're talking the bio regulators here, these are not the peptides. These are the bio regulators. Right. Correct. Yeah.

So these are all the Russian bio regulators. These were initiated in Russia. So all the ones like yeah pineal brain thymus muscle, lung, pancreas, kidney, the kidney one I mean, I have chronic kidney disease left over from a line, but Bartonella, we Croat names like 1.3, 1.4, and it was a little TMI, but, when you know your name, there's foam in the bowl because I'm dumping protein.

But if I take a, kidney by a regulator about 6 to 8 hours later for about three days, no protein, and we've get into people on, dialysis and their get off dialysis.

I gave it to our one of our, mas to her mom who's on dialysis, and I forgot about it, and she kind of forgot about it. Her mom goes, oh, the doctor said he's never seen anyone till I get off dialysis.

I'm like, oh, and so it's it's incredible stuff. And, and so and this, this study, over 90% of the, participants had their telomere, basically reached their telomere age goal in 3 to 3 years.

And so they're still on maintenance. Now, this is actually, this was not through this study, but this was study looking at they gave, patients with significant cardiovascular disease.

They gave them only six doses of, upper talen, which is the pineal, by a regulator and a thymus peptide, which is a, by a regular of the thymus. And then they followed them for 12 years.

Elderly, which is 60 to 74. And they found that the ones that didn't get the treat more on standard treatment, they had a 41% chance of mortality. And once it got the by regulators, 17%.

And and then that was just on epitaph by itself, just the pinwheel. Then if you added the EPA talent in the thymus, which is what the Russian cosmonauts and the male submariners got that when they just did the EPA talent it from the these are, the older patients, 75 to 89, from 77% risk of mortality to 41% and, both of them, 28%.

And these were the older patients. They also found that their cardiovascular, the system actually improved rather than decline. They had dramatically less cancer, less chronic infections, increased quality of life.

You know, they had increased bone density, all these things. And that's in part because the thymus gland, again, you were talking about it earlier, regulates T cells that are needed for one for going after intracellular infections like chronic Lyme and Bartonella.

And the rest. Exactly. And so here is like looking at these are the genes that that is involved. So this is the lice glue that is by Majin which is orally by just two amino acids.

And actually it orally, was actually more potent than 5 million, which a lot of doctors use as injection, to the immune system. It's 100 times more potent orally than the injection.

And then this is the upper talen, which is the pineal peptide. And just to let you know, there's pineal gland, which it's pineal peptide right now is a subcortical brain.

So it gets confusing but does have a lot of pineal effects. But so this is they looked at the mitochondrial genome which we know mitochondria with Lyme is is huge.

And so this is EPA talent and called Valen. And that's in our dimension Alpha one. An expression of 5 to 13 genes increase expression by 2 to 6 fold, and four of the genes are reduced one by 55.

So they also inhibit pro, cancer genes and and that so you can see like there's overlap y there's, there's synergy, and and how they work together. And so this is looking at just melatonin levels and Battelle and you know it's funny. They go simple. Well it's because it raises melatonin.

It has all the effects. Well that's just a kind of a nice little, perk. But you can see here young patients that get it, with the orange here didn't raise it.

They don't need it. It's it's high. And and that's what the nice thing with the by our regulators, like with the thyroid one, if your thyroid is low, it raises.

If it's high, it lowers it. In kind of the, basically a modulators and those is the, older patients, you can see their melatonin level low and then, goes up to here.

And then this is an increase in, this animal study, but just showing, here that just giving thymus the, basically increase in longevity and giving the pineal, dramatic increase.

Russian bio-regulator research and longevity studies

When you combine them, you get even more, as we saw in the previous, this is telomerase increasing, basically the enzyme that's increasing telomeres and at Battalion is huge for that.

You can see, that there. And this is like the pineal to make it easy. People are so freaked out. The nice thing with the with the peptides and by regulators, you can't really screw up because you can't overdose and that you can give a thousand 10,000 times the dose.

And it's, you know, nothing happens. And I know no negative, but you waste some money but try that with water.

You're dead. Right. So it has the extract in it.

And then also these different bio regulators. Again the vessel makes everything work better. And then this has these pineal by our regulators and we just, launched this one I'm very excited about.

And it's kind of amazing. I'll, I'll go to that. You have the questions? Horowitz. Anything? No, no, I mean, I have to tell you and I'm glad that they've been publishing some of these, you know, the kind of studies that you're showing here.

And the results are so amazing. It's almost like, I feel like everybody listening to this is want to jump on these, in fact, myself included, because my whole family died of cancer.

I mean, I, I'm taking things like broccoli seed extract, sulforaphane, glucosinolates right to hit the p53 cancer gene, suppress it, open up my face to detox.

I'm doing these type of things myself. I'm just not necessarily doing them with peptides. I didn't realize right the effects and the power of what this is.

Now question. You were showing studies on this. How many studies have actually been, you know, published in peer reviewed medical literature, for example, on patients who have taken these thousands?

So why is it we hear about things like rapamycin for longevity and we hear about glucose metformin, but you don't really hear much about bio regulators and peptides.

You have a sense why like it's been almost left out of the mainstream medical discussion. Yeah. Well we're having like so we have I heard a Russian to translate.

So, you know, it's just it's difficult to find find the stuff. But, yeah, it's exciting, but it's like anything, you know, it's not like you look at, you know what?

Doctors know, and you look at, you know, all these annals, internal medicine for most doctors practicing 10 to 20 years. What's available in the medical literature, it takes, on average, a proven new therapy, the accepted in mainstream medicine 17 years.

And they said why is that one doctors don't read medical journals, but that's not even the biggest reason. The biggest reason is if you give a doctor, here's 50 studies showing what you're doing isn't optimal.

Here's a better way they don't want to hear it like, no, no, no, no, my patients are fine and so many doctors are just doing what they did in residency.

And and that's like ten, 20, 30 years later and they will defend it to the death. And that's the biggest problem, actually, no. And I know from some of my colleagues, Tanya Dempsey, for example, I know she's using peptides, and she's told me about some of the positive effects that she's seen. It.

But in 20 there, there's, it was Rebecca Ferguson, and she has a, a, a blog or whatever. I don't know, all that stuff, but, and she's a autistic child.

And so at a big following and then she got long Covid and which then all of a sudden she's posting and, all these people are following, which I don't even know.

Well, all that stuff, but, and then she took PV and just reversed all her symptoms. And then so she's giving it to all these people and they're like, oh my God, it fix me in three seconds.

Like I'm like, stop. It looks so fake, you know? And these were hundreds of people. And we're like, don't put those up. It just looks bad. But, and. You're talking kids, actually, you're talking kids with autism.

No, no, no. Yeah. So, she had it, actually. That's why she had the blog. But these were all long Covid. Covid patients. But she was fine. Yeah. And so she took that and reversed her symptoms, and people were like, oh, my God, I'm better.

I'm like, you know, it took half a day and I'm like, no, don't, don't put that. And but like we rarely see side effects from from peptides, especially by regulators.

But you know, all these, you know, multisystem, multiple chemical sensitivity. And they, some people were reacting to the Cfpb like, oh my God, I got anxious and I never seen that.

But it's you know, it's kind of like the, you know, person being allergic to, epinephrine or, you know, or cortisone. But is anyone doing a clinical trial for KB at this point for long Covid?

I don't know anyone. Okay. Yeah. And there's so many great things for long Covid. In terms of, I remember, we had a that was the last couple of years ago Christmas party and, and ma, ended up spending to drink too much and go in the other room.

She's like, I can't breathe. Really got long Covid, like, why don't you say anything? And this was, this before by our regulars. I gave her a shot. I think it was Apatow and we ever had, VPC, Battalion TB for frag k PV.

And she said she woke up the first time, was able to breathe. And so the immune modulations huge. And you know what a call Andrea. And and you know, able to start able to clear those the infection.

But it's kind of it's exciting times. Yeah. So the thyroid and I've been a huge advocate of thyroid and we have the National Academy of Hypothyroidism, a nonprofit which really shows the way that we diagnose and treat thyroid in this country is wrong.

And all these Lyme patients that come in and they can go to all the great doctors and, you know, we got the top of the food chain here. And but if they miss the thyroid, it could be that missing thing.

And, we find that anyone. So with and I've done a lot of review articles and they're on the again National Academy of hypothyroidism na hyper there's a.org.

And because people look at the TSH as the marker, but someone with low thyroid from chronic illness, they actually have a low T at low normal TSH, a high normal T4 because the thyroid is active transport, it needs energy to get into the cell, especially T4 more than T3, so a T4 can't get in the cell, so it goes up in the serum and people all your high thyroid you got low low normal high normal T4.

No it's the opposite. Then you check their free T3 and their low normal and the reverse T3 is high normal used to be abnormal, but they switch the assay from radio media of assay to LC.

Mass spectrometer. But and and in fact, like with depressed patients, you'll see that. Exactly. This is like the star report, largest study ever done on antidepressants.

They, did like essentially every antidepressants that had this big algorithm, and they put T3 in the mix. I don't know why, but they did it, and they treated them with T3 along with the antidepressant or instead of, you know, they were in different groups.

Regardless of their stand, their baseline thyroid function test, T3 outperformed all the antidepressants with less side effects. And but they didn't put it in the abstract because they didn't pay.

And then also like a study sponsored 135 patients, with treatment resistant bipolar, which we see a lot, you know, line patients brain on fire stuff. 135. They tried, on average, 14 different medications with no improvement.

They just gave multithreading a just here you get T3 80% improves significantly in 25% total resolution of

symptoms. And that's just a depressed side.

You look at all these other things, you know, fibromyalgia and everyone's low. So what we do, we'll check because everyone has a normal TSH. And if someone is dieted more than three times, if they're stressed, if they overtrain, if they are overweight the body, you get a combination of basically central hypothyroidism and then also systemic where you get the differences, get screwed up.

The transport system gets screwed up so you don't transport it into the cells. So type one diabetes transports it, converts T4 to T3 in the systemic system.

In the pituitary it's type two. So with chronic illness or inflammation or stress it suppresses type one Di Tony. So there's no T4 to T3 conversion in this in the in the body except for the pituitary.

The the other is type two is upregulated. So you get more T4 to T3 conversion in the in the pituitary. So now the opportunity is more thyroid the TSH drops.

So it's people think the TSH is the you know, quintessential thing. It's not it's missing. So many people. Know. And by the way in our patients almost every one of our chronic Lyme patients has low TSH, really low.

Which and I tell people in chronic Lyme because you have inflammation affecting the, the HPA axis like that, but you you cannot rely on the TSH and chronic illness because it's suppressed all the time.

And I tell people it's not a marker for hypothyroidism. You've got to look at the T3, free T3 and all the rest. And so 100% agree with you. We see this all the time. Yep.

And totally and just giving that back to them. And so what we'll do is we'll check their basal metabolic rate coming in. And we find they're on average about 25% lower.

So they're burning 25% less calories. The mitochondria aren't working and they're not making any energy. They, compared to someone their same age and weight, 25% less is huge.

We'll also do what's called the thyroid flex. British Medical Journal showed that a knowledgeable doctor looking at someone's ankle reflex is a better test than the blood tests.

A look at that happen. Well, a normal thyroid, normal reflex of let's say the ankle or break away regulates goes. But the lower the thyroid, the slower luxation.

The, and then the computer measures that. And so some good, good studies on that. But now we have another tool, for people with low thyroid and Hashimoto's.

So the thyroid, there's a think about thyroid, our regulators in thyroid access by our regulators. So they're basically from the glands of that reduces that thyroid nodules present stem cell aging.

Then this also activates telomerase. But, let me just kind of go quick here. It's a small study, but they all they all fit. And so basically they compared someone with low thyroid.

And in this study they just gave the the thyroid biomarker, not the thyroid access. But they did not have Hashimoto's. They all have autoimmunity. And let me just go to the graph to make it fast.

So here's before treatment. This is their T3 level. And the T4 level, after treatment conventional which is giving thyroid. But if they add that to the thyroid by our regulator it went up even more.

Thyroid optimization and autoimmune markers

And the nice thing is if you're high thyroid, which we don't see as much, then it lowers the thyroid and if it's low, it, it

raises it and you can see.

And then this next one was, looking at a thyroid by a regular versus the thyroid axis by a regulator. And, in these patients here, again, they also had Hashimoto's.

You can see they have, you know, that, tpo antibody 357. And then so the first group, they got standard treatment, second group, the thyroid by regular third group, the thyroid axis by a regular.

And so the T4 before standard again they got didn't, didn't go up much. But you can see higher ish drops down. What you would see. And what's interesting too is the patients that when they take the thyroid axis by a regulator, their low, their TSH goes up, they're like, oh my gosh, I'm lower thyroid.

But I'm feeling better. No, because it's fixing that central, hypothyroidism. And actually in the salon study that they, that all the endocrinologists point to like, oh don't suppress the TSH because it's going to cause a-fib and you can cause a-fib with giving massive amounts of thyroid, but also low thyroid increase the risk of a-fib.

But the salon article, they showed that people with low TSH had an increased risk of a-fib. But I contact the author and dug out the data and everyone that got AFib was not on thyroid.

It was people who were chronically ill, most of them with heart issues. And so it showed that the chronically ill with heart issues were more likely to get AFib low, and no one on the thyroid group was suppressed.

TSH had AFib, so it's actually the opposite of what their conclusion was. It was protective against AFib. But see just it's just crazy. And they'll say, oh bone density loss.

And which is not true a antidepressant has more higher, higher risk for bone loss than suppressing the TSH. So it's crazy. And then here's the the big difference is the antibodies.

And we found that, you know fixing and anyone with Hashimoto's even low thyroid T3 is the way to go. And that's a whole nother, lecture of a three part lectures about six hours.

But, and if we. Stay on the line and just for everybody who's bored, why don't we just stay on the line and do this for the next six? Because you are fascinating.

Ken, I got to tell you this. Info coming from you. Oh, no, this information is fat. It really is fabulous. I know we're going to do this for about an hour today, but, you and I are definitely going to connect afterwards because this is really amazing information. Awesome.

You're making me happy. Yeah. Yeah. And so you can see here with the standard group, it doesn't affect the the antibodies effect. Endocrinologist don't check the antibodies.

They don't think they can do anything about it. It's crazy. And actually, we take that course. You look at Hashimoto's patients, they have the highest incidence of antibodies to Atari antibodies and mitochondrial antibodies.

And we found I've been a big proponent of T3, but patients, even the correlates even more than their level of thyroid is their level of antibodies. You know, and I'm sure you've seen that, you know, this auto immunity and inflammation, it's just a vicious cycle.

But you can see with the thyroid that just by our regulator it dropped it. And this is something untreatable. You know, according to in cardiologists, from 87 to 18 and then the anti TPO here so dramatic reduction.

So this has the the thyroid axis by our regular thyroid. Thyroid Pep has the glandular in it. The and then three different thyroid axis by our regulators.

I don't think anyone knows. But yeah we go on to brain. You know brain such a big issue with all the Lyme patients is just brain fog. And I remember you know, I had the worst memory of anyone I've ever met.

You know, growing up, I had congenital Lyme, bubka, Bartonella. My whole family had it, but we didn't know my mom. We just thought, well, she's a sweating machine, you know, my dad had chronic fatigue syndrome before.

It was chronic fatigue syndrome. But I remember I go to dinner and I, my, wife would, talk about someone I never met him. Like you went to dinner with them last night. Is it scary?

But, any thoughts or questions or. No, I mean, I'm I'm just thinking back on the last slide you were showing about the autoimmune, you know, thyroid markers with anti thyroid globulin.

And for your peroxidase, we see these of course all the time. In fact those are the most common autoimmune markers that we see in chronic Lyme disease is basically the thyroid autoimmune markers.

We see it all the time. And I know from the prior, you know, endocrinology papers that they've now, of course, changed it where they want the TSH. You know, 2.5 is now kind of the new one, not 4 to 5 the way it used to be, but because we do see suppressed TSH from chronic inflammation, I didn't I did not think there was anything we could do to reverse the.

I was just thinking to myself to reverse some of these autoimmune manifestations. And I realize now what you're sharing is this is something now I need to be looking at, more in our chronically ill patients.

So, no, I was just reflecting on that from the prior slide. But but please go on, because this is really fascinating. And actually, I've been trying to develop the last ten years bioactive TSH with replace the TSH and all its shortcomings and, went around and we've had the most mishaps, like, we got someone you working on it, and this house got washed away, and it was just, like, incredible. But.

And then we went to, a place in Bilbao, Spain, and they were doing it. But then they go, oh, we need a mass spec. There's only one in the country like, but, I don't know, present this to you and we, well, replace the czar.

But anyways, and so your brain is, is so, so huge with, with but with patients. I was going to mention that and what you've probably seen is too. It's like and I had it's like, kind of waves of different autoimmunity like, oh I have anti fossil lipid syndrome this week.

And then I have, you know, but it never fits into that little you know, basically bucket that they want but they come and go. And for instance like with when I was doing I would do like 50 shots a day of peptides when I started just reacting to everything and I'm like, oh my gosh, this stuff's bad.

But and over time then it stopped because my immune cell was just so inflamed. So it's multiple chemical sensitivity patients there too is so high. It just reacts to everything.

So mast cell activation you modulate that. Now the mast cells are suppressed and you know, MSL docs God bless their heart. It's like the subset of the worst, Lyme patients.

And, you know, they're all going after direct suppression of the mast cells. But if you go upstream, you just have so much more, basically better outcomes and even stuff like if you look at those patients will generally have high, act and low cortisol.

And I know okay, but their high is from high cortical drop and releasing hormone which is a direct super potent stimulus of mast cells. So you're trying to suppress these mast cells.

We got courageous pumping out. So just and that's when you know we used to give a little cortisol with like Jeffrey's like 10 to 50mg to help. But now we can give the adrenal by a regulator.

And that normalizes oftentimes. So you're talking about the adrenal bio regulator or even mast cell. Yeah. Interesting. Yeah. And, you'll find like, some interesting things like, like the cartilage one will work.

So it's, they're specific, but they also have all these, you know, different effects. So this is the by regulators for the brain, a quarter gene. Now there's cerebral ice and which is basically ground up pig brain.

It's been around 40, 50 years, approved in 54 countries. Never any issue. And so it is, they don't even no one knows the formula because they hide it.

These put the amount of amino acids, but it's also in the supplements, the oral version of that which is actually bioavailable. Which is the cerebral part.

And then the pineal gland, and the cognitive map, it's not a pineal, it's a subcortical and has some amazing, properties, but just to try because everyone gets a confused on that.

But this is just an interesting thing. They this is just asking the patients when they treated them just for 20 days with neurodegenerative diseases well mean how well they can respond I guess.

But was it good, was it okay, was it or unsatisfactory? And then with standard treatment, they had, 27 thought it was good, 65 with the, cordage in by a regulator or this placebo.

Sorry. And then, again, satisfactory. 20 was 40 and then so you can see how the treatment looks, what you see with treatment. But the placebo looks like a placebo with the bell shaped there.

And then they looked at all these different, symptoms, with people with the and it was kind of a they think there was too much of a mix, but it was people with post stroke with dementia, with, you know, Alzheimer's, a lot of different things, but headaches, very common before treatment, after using the conventional and whatever that is.

And then with the just the one single by a regular or finding the combination by a regular is really where the power is. And we'll usually give, I'll give people 1015 by a regular the first visit and they do fine.

But that's the problem with them is that okay, you're taking this, this, this, this. And so we're combining those like, oh just take the, you know the brain one the in the combines a bunch.

But so that went down to 34% sleep which is huge. And I still I saw the problem sleeping because I think having, you know, I was born at six months because of Lyme and I think I burned out my sleep center, but, yeah, there's some, some great things for that motion.

Liability, memory. You can see just, improvement across the board. And you can see the graphs here, how the, this was this one by a regulator, the pineal, which is the subcortical brain.

See, if we increase that, they did EEG. Okay. So, in case there's some bias there, and looked at, I think it's kind of cut off there, but, Woops. Let me go.

By the way, regarding these or seen or animal based products, people always ask the question. I always check about prions. They're coming from places where they've made sure there's absolutely no prion disease because, for example, some of the clamshells we've looked at in the past, it's only from like New Zealand or Venezuela, places that they've never had a case of it. Is it the same situation.

Yeah. And and so ever pharma which like with the tribulation they've been around 50 years as injectable. And basically the tons of studies on dementia giving it.

I've I'll give myself I am going a couple of times a week. No, no case of it. And then the pigs are actually resistant to prions. And so there's no mad pig.

There's like an angry pig, but no mad pig. But yeah, so here's a it's cut off, but the they confirmed it with EEG changes. There's a normal person up here.

And then with conventional treatment really no change. And then. But you can see with the, a base of the probably increasing EEG. So this is, combining those different ones there.

And this is the, again, the cerebral ice. And I'll just quickly go through this. It's, it's a mix of different, basically by our regulators and peptides, from the pig brain.

And we, we actually did a natural BPC where we collected from the gut. Man, that is a horrible, horrible. But I would frown on from the to your point is some people are doing they say cerebral icing, but it's a compounded, version.

And so I don't know what they're doing, but they're putting it it's cheaper in a vial. And but when we hit the natural pig, from God, it's like, oh my gosh.

And each bottle ends up being like $1,200. But, with if in pig brain, it's bad, it's bad. So you want to go with with cerebral ice and go with the manufacturer.

And I can't believe what people are paying for it, but, it's works for autism. And so it's so many things. And this is again the oral version, and where they found that just a single dose, significant improvement.

And then the nice thing is, if you take the, the brain by our regulator, compare it to the cerebral ICM, 100 micrograms, okay, micrograms a thousand times less than a milligram, compared to 200mg.

It was equal potent. So, yeah. So, basically, 2000 times as potent. So, kind of cool stuff. And then we'll just kind of go on. There's so many different areas.

We were kind of deciding before, okay, what do you want to do? The this is kind of neat. We do a lot of fertility. And what we found this is before even peptides.

But we were doing peptides 20 years ago. We didn't know they were peptides. We call them cellular peptides. And they were doing them live and but they were working amazing. But.

And then we couldn't get them from Germany because they were too effective and the government didn't like it. But and then we kind of they resurfaced again.

But, and we're finding that what we were doing, if you fix someone's thyroid, give them T3. I'll tell you especially they've they've been to all these fertility clinics and, they're antimalarial hormones. Low.

We can raise their antimalarial hormone now, and also get them menstruating, for instance, when they gave.

Brain, mast cell, and adrenal support

This is a rat study. So we'll work on attorneys we know. Same and they gave all menopausal rats, the, battalion, the pineal peptide. They all started menstruating and 25% had live bursts.

And so we're treating humans with it. But even before this, we would give them T3 and heparin especially. They had an early fetal loss. And if they have early fetal losses, normally what's going on is immune activation of coagulation.

The vessels are very small and they clot off. So you give them heparin and then T3 kind of starts. Also we talk about everyone's a low thyroid. And then they all of a sudden they've had three, 4 or 5 in vitro and they get pregnant. Naturally.

Now that we have the peptides, now all of a sudden their hormone levels are going up, their FSA is coming down,

their antimalarial hormones going up. But so we'll take a just a, quick glimpse into this.

So this was an infertility study and, looking for people who are menopausal, with ovary and pineal bio regulators. So these are 214 women. 3438 all these patients were trying to get pregnant.

And, you know, they found they had reduced hyperlink pituitary, as were restaurant access, which even the fertility docs will never tell you that because they don't even what does that so it means that they basically have the low, there's a central component, not just the ovaries.

Stop working and the lights go up, the body's gone, the brain's gone. Give me the estrogen. Give me the progesterone. It's both. It's like, Like, We don't care. We're lazy.

And the treatment group receive ovarian by regulators and the, pineal. And again, did blood work there and so normal range. Let's see before treatment msh six lh estrogen.

So 49 was kind of like the male range antimalarial.74. And they also did ultrasounds. Look at their follicles. After two months, the MSH went up, which I mention because stimulating that there doesn't mean they're worse, especially if you look at their entry level.

Look at the estradiol level 243 from 49. You're not giving estrogen, and 249 anti-malaria and hormone. We actually usually get higher levels in this. But you know, it's unheard of to see it increase.

And actually more follicles as well. And and so here's you can see the, a little more visually with the, estradiol I think, is that is the key one there in the anti-malarial hormone.

And then, looking here, the, you know, the varying reserve, which is the key marker, oh. Pregnancy onset. Oh, yeah. So this is what you want to know is how many patients got pregnant right after they couldn't get pregnant with all this in vitro stuff.

So after 4 to 6 months of treatment, 71% got pregnant. Then an additional 6 to 8, where they kept going 13% more. So 84% of these patients got pregnant.

Who could not previous to giving the by a regulators which is just I mean, you know, life changing for these people. And you can see the increase antimalarial hormone and the follicles and these are number of pregnancies again, that is addition.

So 84% and and also things like here these are again rat studies. So again good for attorneys we know. But but to me so having the cancer gene the Her2 then giving them epical on the pineal peptide, basically a 73% reduction in the rate of cancer.

So again, we're getting to about almost oh, it's perfect timing because we're getting to about an hour or so. So question how long do people need to take these peptides normally to see results.

Is this a short term treatment. It's a long term after you stop the peptides. How. Well I think that's like an essential question a lot of people probably would want to know, why don't we stop sharing just so you and I can and by the way, so how people get in touch with you, by the way, it's on the slide here, right?

Yeah. And we have, if you want the, peptide protocol for the rapid treatment series, we do a lot of, of, talks, and we're going to start a year long training, which maybe I can recruit someone on that.

But for people. To get in touch with, you would be whole talk. Mediacom, integrated peptides, dot com. That's how people would get in touch with you. Yeah, exactly. You can tell I'm a terrible marketer.

But, let's stop sharing now. Yeah. That's great. So how long how long do people normally need to take these to see the effects? And is it a short term, long term.

How does this work exactly. Yeah. And we find in general like everyone's so different and some people like our I'm resistant to so many things and but sensitive people like hours or days and they'll start seeing a differential over weeks.

Almost always. I can never guarantee it of course. And, you know, the and people are. That's what the studies show. But a person is not a study. They're a person.

So, you know, it could evolve certainly outside of that. But the the rate is very high that they get better. My girlfriend is very good. She picks people off the street and just gives us up.

And they take it all at the conferences especially. And hey, hey guy limping. And then they come back like, oh my, you know, it just it's kind of amazing stuff.

And we're kind of used to it now. But you're of course you're getting all these patients who are, you know, untreatable better. So yeah. And certainly your blessings go to you.

And, and most people, we, we expect them to respond, and, but it's certainly not always like we have a gut for a you fixing the gut is a foundation, and it has, bpc to for a fixes the tight junctions and we had it in, acrobats, which is, you know, certainly with the help and stuff, they'll get in the gut healthy and doing them together even increases that even more.

But the, the excess or response rate is very high. You know. So one thing I think that would be great. If you and maybe for the the healing Lyme summit, you could put this together would be a one or a two page summary of because a lot of my patients, for example, do have leaky gut, my myself included, I, you know, fixed it 70.

Fertility, cancer, and treatment timelines

Percent of the population does. Yeah. So I mean, if you have, for example, leaky gut, mast cell activation, food sensitivities, these are the peptides that we recommend for this period.

For those who have, for example, low thyroid or, you know, adrenal dysfunction. These are the I think if you could put together a little, kind of bonus, you know, section for people in a PDF, that would be great because I know that's something that I myself am going to want to see and probably share with my patients.

And I get asked, I hate protocols, I'm just not a pro guy, but I'm like avid doctors love protocols, patients love protocols. So I'm giving in. I'm going to do protocols.

But, and we can also give out the, the e-book, the, peptide protocol for tears. And it has a lot of that stuff in there, but I will do the protocols. Good. I'm glad I'm pushing notes.

I mean, for someone like myself who's listening to this going, wow, this is an area that I really need to, you know, learn more. And that for some of my highly resistant patients, you know, I have a very good success rate with what I do. Absolutely.

Why I'm doing it. But that doesn't mean there's not always a certain fraction of my patients that I'm struggling to get better, whether it's with Pots, this autonomic, because, you know, I'm thinking, oh, they still have mold or they haven't done enough limbic retraining, you know, for whatever the reason, listening to you, it's kind of like, well, hold on, there may be other ways of working on the pots and just sort of Nami and working on the Marcel, working on the leaky gut, working on hormone dysregulation, cognitive issues that, you know, this is a whole area of medicine.

I don't think even most functional medicine doctors honestly have, you know, really they don't. I'm very surprised. But yeah, it's a it's another tool in your toolbox.

Yeah. So, this has been absolutely fascinating. What do you know, really? I learned tremendous amount. I'm we're

going to we'll talk privately after this talk, actually, about some of the things I want to try myself and try for my wife.

And again, I want to really thank you for taking the time for sharing this for the Healing Lyme Summit, because I think people are going to get just a huge amount of information and hope, honestly, for some people that, you know, have been very resistant and wondering like, what else is out there for me that might be able to help at this point?

And looking at these peptides in by regulators looks like really it's it's an area that needs to be looked into. Yeah. And you know, these what these patients go through and how they're treated.

And and you know, I'm still surprised when patients cry the first visit. We haven't done anything just because you, you believe them. You know, there's treated so poorly.

It's just it's horrible. Yeah. So. So again, I just want to thank everyone for joining us today. You've been listening to myself, doctor Richard Horowitz.

I'm co-host of the doctors for Healing Lyme Summit 2.0. And we've been talking with Doctor Kent. Hold off. Who himself has gone through the healing Lyme journey and come out the other side, in fact, much better with peptide therapy.

I mean, really some amazing healing stories today and I want to thank you so much. Thank you. Thank you for what you do. I it's just inspirational and it just keeps everyone going.

I think so, and thank you for you're so generous with your time and your knowledge. So thank you. I've been following you. You didn't know I'm in the shadows, little people. But.

But I don't think he's been a great role model and just an inspiration, so thank you. No. Thank you. And again, can one more time for people that again want to get in touch with you again.

Give the website again how they'll be able to get in touch with you. Yeah. I'm unofficially, basically part of integrated peptides. Integrative peptides.com.

Holter med.com, hlt, RF Mediacom, and El Segundo. Then I would also check out the, nonprofit National Academy of Hypothyroidism na hypothyroidism.org, some good papers on there about the way we treat and diagnose there is wrong. So.

Okay. Thank you. Yeah, Ken, thank you so much. And again, for those of you who've been tuning in, I want to really thank you for your time today. Please check this out a little bit more in detail as I will be doing, for myself and my patients.

And again, I want to thank everyone for tuning in today for this episode. We'll see you again for another episode soon. Thank you so much. Thank you so much. For.